



NEW HAMPSHIRE MEDICAID

REQUEST FOR SERVICE AUTHORIZATION IN EXCESS OF SERVICE LIMITS FOR PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY

(Fee-for-Service (FFS) Program Only - Not for Managed Care program use)

Instructions for filling out this form are attached.

For State use only.

APPROVED

Date: _____ By: _____

Dates of Service: _____

EPSDT: _____ SA #: _____

272EPOS FFS
02/2019

*****PLEASE PRINT OR TYPE ALL INFORMATION (all fields are required)*****

Must use a separate request form for each discipline

RECIPIENT INFORMATION

RECIPIENT NAME: _____ DATE OF BIRTH: _____

RECIPIENT MEDICAID ID #: _____ DIAGNOSIS (NOT CODES): _____

ALTERNATE INSURANCE: NAME OF PLAN: _____

PROVIDER INFORMATION

DATE(S) OF SERVICE: _____ CONTACT PERSON: _____

TELEPHONE #: _____ FAX #: _____

PERFORMING THERAPIST: _____ THERAPIST MEDICAID ID #: _____

REQUESTING FACILITY: _____ REQUESTING FACILITY MEDICAID ID #: _____

TYPE OF TREATMENT	PROCEDURE CODE	FREQUENCY OF TREATMENT	TOTAL # OF VISITS IN EXCESS OF 20 VISITS	DATES OF SERVICE	
				START	END

ANTICIPATED RESULT(S) OF PROVIDING THESE EXTRA SERVICES: (use additional paper as necessary)

*****CLINICAL INFORMATION (must be included with submission):*****

Pursuant to He-W 568.06: Please attach physician's order and clinical notes supporting the medical necessity for the requested services, including but not limited to the following: Therapy Care Plan, and progress notes. Specify goals and objectives.

LETTER OF MEDICAL NECESSITY

Pursuant to He-W 530.07(g) attach supporting clinical documentation that addresses how the requested additional services meet the definition of medical necessity.

I certify that the requested treatments and/or therapies are medically necessary and cost effective in obtaining measurable, realistic goals for the above-named recipient.

Signature of Therapist Performing Services

Date

Approval is a determination that the services requested are medically necessary and not a guarantee of payment.

PLEASE FORWARD THIS INFORMATION TO ATTENTION - MEDICAID MEDICAL SERVICES BY FAX OR MAIL

129 Pleasant St ■ Concord, NH 03301 ■ FAX: (603) 271-8194



**INSTRUCTIONS FOR PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY:
FORM 272EPOS FFS REQUEST FOR SERVICE AUTHORIZATION IN EXCESS OF
SERVICE LIMITS FOR PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY**

Please do **NOT** send instructions in with your request.

This form must be filled out to request services in excess of 20 visits per recipient, per therapy type, per state fiscal year (7/1 through 6/30.) as noted in the Provider notice from January 7, 2019, “**Change in PT/OT/ST Service Limits Effective January 1, 2019.**”

Please note that before this form is filled out, it is **your responsibility to verify eligibility** of the recipient for the Fee-for-Service (FFS) program. That can be done by calling the number on the back of the recipient’s Medicaid card; calling Conduent at 1-866-291-1674; looking directly in the MMIS system; or using the software your office has to access the information.

The first two sections of the form are the Recipient Information and Provider Information and should be filled out accordingly. Note that the Performing Therapist is the therapist providing the service and the Requesting Facility is the place where the service is provided. These two provider numbers must be different.

The next section is the service you are requesting. **Each discipline must have its own SA, FORM 272EPOS.** Fill in a description the treatment, the Procedure Code, how often therapy will take place, the total number of units in excess of the 20 visits allowed without service authorization and the start and end date of these extra units.

The section following is the legal information with references to the Medicaid rule, for your convenience. The signature should be that of the therapist performing the services.

Attach the Physicians order, the Letter of Medical Necessity, and clinical notes supporting the request. Fax all documentation and the Service Authorization Request form to 603-271-8194. You will receive a fax from the state with the approval information or a request for more information.

Once the Request for Service Authorization has been approved by the State it is sent to the Fiscal Agent, Conduent, to create the authorization. Conduent has three business days to create and mail the authorization to the performing provider. If you have questions, please call Conduent at 1-866-291-1674.